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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/661,466
Filing Date	Sept. 11, 2003
First Named Inventor	Franco Vitaliano
Art Unit	
Examiner Name	
Attorney Docket Number	VXM-001B (9374/2)

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

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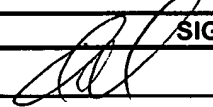
OR

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I am the:

☒ Applicant/Inventor.
☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Franco Vitaliano		
Date	Feb. 14, 2006	Telephone	617 742 4422

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

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